



Employee Number: _____

Name: _____

Employee Address: _____

City: _____ State: _____

Zip Code: _____ Employee Phone: _____

Company: _____

PAYROLL WARRANT REQUEST

Agency: _____ Division: _____

Org: _____ Distribution Code: _____ Prepared By: _____ Date: _____

MM/DD/YYYY

For Pay Period Ending: _____ When Warrant is Ready, Call: _____ Phone: _____

MM/DD/YYYY

Hours Code	Hours Description	Hours	Hourly Rate	Amount
Y				
Total Hourly Pay				

Other Pay Code	Other Pay Description	Amount
Total Other Pay		

Total Gross Pay

HOUR CODES:		
Regular Hours	Overtime Hours	Other Hours
Y = Straight Time	1 Straight Time	72 Other
	J Time and one-half	73 Comp Time Paid
		74 Converted Sick Pay

OTHER PAY CODES:		
09	Auto Mileage In-State	49 Service Award
17	Non-Taxable Educational Reimbursement	50 Incentive Award
20	Parking/Bus Pass Reimbursement	53 Retroactive Pay
25	Flex \$ Health Claim Odd Plan Year	54 Shift Differential
26	Flex \$ Dependent Claim Odd Plan Year	55 On-Call
27	Flex \$ Health Claim Even Plan Year	56 Weekend Work
28	Flex \$ Dependent Claim Even Plan Year	59 Retirement Sick Leave Inc
33	Uniform Allowance	63 Final Pay

Contact State Payroll for Additional Codes

Please explain why this payroll warrant is necessary:

I hereby certify that the amounts on this form are due and payable to the employee identified herein. I understand there is a \$15 charge to the employer to process this request.

Authorized Signature

Date

FINANCE COMPLETE THE FOLLOWING (Deductions and Other Earnings):

Code	Sort	Amount	Code	Sort	Amount	Code	Sort	Amount	Code	Sort	Amount	Tax	Amount
												Fed	
												FICA	
												State	

Warrant: _____ Date: _____ Amount: \$ _____ Received by: _____